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*As dean of public health officers and by virtue of his own qualifications
and fitness The Rhode Island Medical Journal honors*

CHARLES V. CHAPIN, M.D., Sc.D.
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VOLUME X
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ORIGINAL ARTICLE

TESTIMONIAL EXERCISES

BY THE

RHODE ISLAND MEDICAL SOCIETY

In Honor of

CHARLES V. CHAPIN, M.D., Sc.D.

AT THE UNVEILING OF HIS PORTRAIT

Held in the

MEDICAL LIBRARY BUILDING

JANUARY 17TH, 1927

ADDRESS

BY

GEORGE E. VINCENT, Ph.D., LL.D.

President of the Rockefeller Foundation

DR. PARTRIDGE: Will the meeting come to order?

Fellows of the Rhode Island Medical Society and Guests: We are very glad to welcome you here tonight. It is a very momentous occasion. For the first time, so far as I know, in the history of the Society we have met to do honor to one of our Fellows. Last June the Society determined to give some evidence of its appreciation of our fellow doctor, Charles V. Chapin, and it was decided to present to the Medical Library a portrait of him. That portrait will be unveiled tonight. We are all very proud of Dr. Chapin. For a great many years he has gone up and down among us, helping us here in the medical profession in Rhode Island as well as in other countries, in fact, all over the civilized world.

Dr. John M. Peters, Chairman of the Committee, is to unveil the portrait.

DR. PETERS: At the annual meeting of the Rhode Island Medical Society held last June, a committee was appointed to have a portrait painted of Dr. Charles V. Chapin to be hung later in the Medical Library Building.

This committee is now making its report. Its first delicate task was to persuade Dr. Chapin to have his portrait painted and its second duty to select the painter.

Mr. William C. Loring, with the backing of and in the presence of Mrs. Chapin, has completed his work to the satisfaction of Dr. Chapin, of his family, of the committee, and we trust and feel sure of that of the members of the society.

In doing honor to Dr. Chapin, whom we all admire and respect as a colleague, we are also bringing honor to our Medical Society, to the City of Providence and to the State of Rhode Island.

Others will tell you in what esteem he is held in medical and especially in Health Department circles, but to us, his neighbors, who know him personally, who respect his modesty, who appreciate him as a friend, who recognize his achievements in scientific medicine, who know the courage it took to change radically the care of patients suffering with contagious diseases by showing that these diseases were spread by contact and not by the air—who had the initiative and courage to build the Providence City Hospital, in which these theories could be demonstrated.

To us—it is a particular pleasure to be able to honor him in person and in the presence of his loyal wife and son.

(Unveils the Portrait)

DR. PARTRIDGE: In behalf of the Society I accept this portrait, which will hang on our walls so long as the building endures. And now I call upon Dr. G. Alder Blumer to act as master of ceremonies for the rest of the evening.

DR. BLUMER: Mr. President, Chairman of the Portrait Committee, Fellows of the Rhode Island Medical Society, Ladies and Gentlemen: It is at once an honor and very embarrassing to have turned over to me at this stage the duty of conducting these auspicious exercises, in co-operation with the President, on behalf of the Rhode Island Medical Society, in tribute to the great sanitarian whose portrait has just been unveiled, and the anniversary of whose birth falls in happy coinci-

dence on this day. The honor will be a grateful memory for the remainder of my life, and as for the embarrassment, fortunately that will soon be over. For, as I interpret instructions, I am to bear in mind the scriptural injunction, "God is in heaven and thou upon earth; therefore let thy words be few." There are, indeed, but two real and authorized speakers this evening to claim your attention; and yet, before introducing the first of them, I may at least permit myself enough latitude to comment with utmost brevity upon the portrait which has just been exposed to view. It is related that when a monument to the great liberator, Daniel O'Connell, had been erected in Dublin, the City Fathers offered a prize to him who should conceive the most appropriate inscription. The Irish being a race gifted in speech, of course there were many competitors to scribble and scramble for the reward, but the winner was he who suggested the single word "O'Connell." So we who are assembled here this evening might well exclaim with one voice "Chapin," also a liberator and a great one, as we look upon the familiar features which Mr. Loring has so skilfully portrayed. It may be said that the artist has been faithful to the guiding principle of his art everywhere, namely, "Paint to the life, let the warts fall where they may." Here, however, there are no warts, actual or metaphorical, and the artist has produced a lifelike portrait, full of character and full of charm, which the Society may well be proud to hang upon its walls as the counterfeit presentment of one of its most distinguished fellows. And there it will hang for future generations of physicians to behold—and in this one phrase you must permit me, in the voice of another, to be really oratorical—"when you and I, like streaks of morning cloud, shall have melted away into the infinite azure of the past."

Dr. Chapin being a prophet not without honor in his own country, it seemed wise to the Portrait Committee that a fellow prophet from New York, and no minor one, should be selected for this celebration to sing his praises and to expatiate upon the moral of his eventful career as a public health officer. Naturally, the Committee had in mind a busy man and one of nation-wide reputation, and we trembled greatly lest it should be impossible for him to accept the diffident though urgent invitation of the Committee; but friendship and esteem go a long way towards self-sacrifice, and our eulogist

is here on this platform, fortunately, having just arrived in Providence, and he will hie him back to New York after this meeting by the night train.

Ladies and Gentlemen, I have the honor of presenting as the orator of the evening, Dr. George E. Vincent, humanist, sociologist, publicist, lecturer, educator, editor, philanthropist, philosopher, all rolled into one well-rounded whole. Our speaker has a rare equipment for the task which he has so generously consented to perform. For does he not realize in his many-sided fitness—and I hope he will pardon me for making this claim in his presence—does he not realize, I say, the ideal of Milton, who about three hundred years ago said this: "I call, therefore, a complete and generous education that which fits a man to perform justly, skilfully and magnanimously all the offices, both private and public, of peace and war."

The President of the Rockefeller Foundation, a friend of and to Dr. Chapin, will now address this expectant gathering.

DR. VINCENT: Dr. Blumer, Ladies and Gentlemen: A Scotch minister was praying for rain, and while he prayed the heavens opened and the floods descended, and he modified his prayer and said, "Oh, Lord, when we prayed for rain we expected a wee gentle shower, but this is perfectly ridiculous."

As a representative of an organization which is engaged in the work of promoting the cause of public health in many countries of the world, I count it a real pleasure to come here tonight to participate in these exercises for the honor that is being done to a man who not only by seniority is the dean of public health officers in the United States, but, by virtue of his own qualifications and fitness, is recognized as easily the first in all the world. It is a peculiar satisfaction to talk about a man while he is still alive, and very much alive. This retrospective talk of what a man has accomplished presumably at a very remote time, this wave of holding exercises to some historical character, makes no appeal to me. I have come to talk about a man who has not only done things in the past but who is today in the very van of public health progress, and a man who looks backward only because it gives him clearer vision of the future. Statistically he seems to be seventy-one years old, but you know what statistics are, and through some statistical error he seems to us to be

seventy-one years young. I want to talk about Dr. Chapin in a way that will not make an undue attack upon his characteristic modesty, because I have a certain amount of sympathy for him, and I am sure you share in this. Consider the circumstances. A man who has lived a comparatively calm and modest, quiet and retiring life, and suddenly his fellow-citizens pounce upon him and inflict upon him eulogies and portraits, and all the other things which you can imagine are a source of the greatest embarrassment to a genuinely modest man. So let us be as considerate about it as we can, and rather than contributing our praises and encomiums in sudden bucketsful, let us distribute it over a little period of time to make him feel more comfortable, and give him what he is able to endure. Let us put Dr. Chapin in the van in his relationship to the development of the public health movement during the last fifty years, which has been going on at a very rapid rate but advancing by certain stages. First concentrating on the sanitation of the environment. Everybody was mad about that, and some communities have never known anything has happened since. They considered this sanitary engineering wall that was essential to the development of public health and hygiene, but some communities have gone on to the second stage, the stage of the control of communicable diseases. It is a most fascinating stage. Great things have been accomplished in the interest of public health; many other things remain to be accomplished. It has finally dawned upon people that, having done everything reasonable in the line of sanitary environment, and after having brought communicable diseases under reasonable control, that probably the death rate depends upon individual responsibility somewhat, and upon how people behave themselves. And now we have come to the new epoch of mental hygiene. There have been so many varieties of hygiene. There was personal hygiene, there was pre-natal hygiene, internal hygiene, infant hygiene and pre-school hygiene. We forgot at one period and went back to pre-natal and social hygiene and industrial hygiene, and now mental hygiene. This is the most interesting and fascinating subject of them all. This field is still so new and undetermined as to enable us to hold autocratic opinions concerning it, which is a great convenience. It gives us more or less standing in conversation. This development of public

health work through its different stages has been a very interesting growth, very interesting evolution. Don't misunderstand me. I don't mean all at once. It has been an historical development. Some communities have studied this problem, and others have fostered another. Some have gone in very strong for mother and child. They make a most effective appeal. When they first discovered mother and child in Washington, they established bureaus which have vied with each other for protection of mother and child. It has become a delicate and peculiar kind of vogue, and the tearful solicitude of congressmen for mother and child is most touching. Some communities go in for the most careful infant hygiene, asking loudly for a purer water supply or milk supply, and all these aids underlie the progress of sanitation and control of communicable diseases, and preoccupation with one element would mean living upon a very low level, but the development of sound public health progress is one in which these different stages are represented in a well-rounded and symmetrical whole. In the leadership with respect to this movement Dr. Chapin has played an important part. He has played a most important part in every one of the fundamental features. He has done a little more here and there, but keep in mind that his interest has been a wide interest, and an interest that has seen the movement as a whole. It has not been confined to a narrow conception of one particular field, but his most important contribution has been the distinction between the essential sanitation which protects health and the sanitation and the control of nuisances which belongs to the police department and the plumber's supervision. One of the greatest dangers that the public once concerned itself with was something which had no bearing upon it. That was when we thought diseases were communicated by gases, by sewer gas. Some of us are old enough to remember when sewer gas was accepted as one of the greatest enemies to mankind. Dr. Chapin was most disappointing about that. He has annoyed a lot of people. He has pointed out that while sewer gas might not be an adequate substitute for perfumery, yet, so far as being a menace to human life, there is nothing to it. And he destroyed garbage collection as a real pleasure for those in public health work, showing that preoccupation with the disposal of rubbish might become a handicap

to genuine sanitation. And he has made a fatal attack upon "clean-up week." What a disturbing person he is. Doing things by the week is a great American habit. It is only the decayed nations who do things systematically, while we systematically sweep under the bed until there is no more room, and then we have a grand clean-up week. Could anything be more revolting? We let things run until they are unendurable, and then reform things all at once. We take care of our roads in the same way. We do nothing until they are impassable, and then a new street is laid. Now we have gone in for paving and have adopted the European way of maintaining pavements after they are laid.

In public health work, Dr. Chapin has stood for proper sanitation in all lines, and he has made a direct contribution to public health by giving importance to those things which are important and leaving those which are of minor consideration and have little influence upon it, such as "clean-up week," which should not be looked upon as a public health procedure but merely a form of booster orgy, and we owe it to Dr. Chapin, who is pointing it out in a definite, concrete and fearless fashion. Then that which comes within the realm of communicable diseases; of course, there you find Dr. Chapin on his own ground. That is a field which he has made peculiarly his own. His studies, his books, his investigation and his writings have all tended to show that the one great and important factor in communicable diseases is communication from person to person. And a lot of other things about which people were so concerned are relatively unimportant, some of them completely negligible. And he has laid his hand upon the very ark of the covenant, one of the most sacred traditions until he destroyed its value, which is fumigation. In Latin countries you will find fumigating apparatus which compares favorably with our fire apparatus. They take lots of pride in it, as we do in our fire apparatus. That is one of the most delightful things. It is a remarkable admission that we have only lately found a way to build buildings that won't burn, and it is a disgrace instead of a matter for civic pride. And people who set their hearts upon producing the most disagreeable form of disinfectant are now discouraged and disgusted when back in 1905 Dr. Chapin wrote a book about the uselessness of the great

detail of what is called terminal fumigation, doing the whole thing thoroughly when the disease was all over, and in 1912 he stopped doing it in Providence. And see what happened to you! The American Medical Association passed a resolution—you know they don't often do that—they passed a resolution in which they viewed with alarm the consequences of this proposed abolition, and yet it has been pursued until almost all, and certainly all of the enlightened cities of the United States, have given up the use of terminal fumigation. I was interested in reading that in one of the recent sessions of the Health Section of the League of Nations this subject came up, and after a good deal of talk the preponderance of judgment was strongly against a continuance of the old practice, so that in due time in South America and other remote countries of the world they will be giving this thing up. When the apparatus wears out it will be difficult to get appropriations for a new one.

To the control of communicable diseases Dr. Chapin has contributed in all kinds of ways. He has helped to establish a hospital here for contagious diseases. I suppose Dr. Richardson has had a lot to do about it, but especially it is a hospital on these enlightened principles for which Dr. Chapin is responsible, and for the establishment of hospitals for contagious diseases all over the United States, and which has persisted and is being copied in European countries, a hospital which is administered on the basis of this idea, that disease is communicated from person to person. And a word as to what used to be regarded as precaution—you know what used to be done with pest houses. In my respectable community where I live, in Connecticut, it is about two miles from the hospital to the city, and there is maintained a hospital for communicable diseases. The plan was to have a contagious ward as part of the hospital, so that some of the great expense would be equalized. But would the enterprising citizens of my village stand for it? No. We have the old town-meeting government, and all the citizens appeared and got up and asked, "Shall a pest house be put at our very doors?" It is a long way to come to the stage at which you have arrived in Providence. A very important contribution was that one from which there have been good results in Providence. In 1920, Dr. Chapin made the

statement that vaccination of school children in Providence was so thorough that in fifty years only one school child has had small pox, and that turned out to be a child overlooked in vaccination. What a record! How could you possibly have done it? Have you no sense of freedom? Do you propose to have this terrible stuff injected into your children? Have you no way of opposing yourselves against this very objectionable proposition? I don't understand it. You must be a downtrodden people, or is Dr. Chapin so persuasive and so reasonable and convincing that you actually think security lies in that direction? I like to think that that last hypothesis is possible. This work in contagious diseases in this stage, and the development of control of communicable diseases, is a very important thing, not only for this community but in lands beyond the sea and other countries.

And the third stage—you will probably say that a man at his age—after all, when you get to be sixty-five to seventy, you are getting on, and you say, "Now, isn't it very likely that Dr. Chapin will begin to think that communicable diseases are most important, and be a little apathetic about all the hygienes and the like?" But that is just the thing about Dr. Chapin—he goes on being young. He is not running true to form. He is interested in new problems and participates against these dangers and unfortunate movements in the wrong direction. You will find him, when you study his work and read his books and his articles, advocating this new movement for hygiene, you will find him setting the pace and saying that the physician and the nurse are taking the place of the sanitary inspector and the policeman. You couldn't put it better than that. You cannot coerce people from outside, and if you do anything about personal hygiene you must get them interested from the inside. That means a new point of view in this public work. In this field of hygiene to which the world is now lending its attention you will find Dr. Chapin taking an active part, taking up those measures which enlighten, and giving wide circulation to this public health work. How are these things brought about, this development? They have been brought about by definite things, and I call your attention to eight of those things. I used to be a college professor, and it is almost impossible to get away from the systematic habit. Don't be alarmed. The

points can be made with reasonable brevity. This public health work has been brought about first of all by research. By fundamental research he has gained knowledge, and the knowledge which has been put into practically all public health work is quite obviously the first essential. You will say that Dr. Chapin is not a research man—you might say he was not. He was a teacher for ten years in Brown University but that might not make him a research man necessarily. He perhaps has not been a research man in the narrow sense of being confined to the laboratory, but I think that research is the putting of a true scientific spirit into the investigation of the problems with which one deals. Certainly one of the great outstanding characteristics of Dr. Chapin is his essentially scientific point of view. This scientific point of view is very annoying to the layman. He likes generalities, very quickly arrived at. He doesn't like qualifying statements. I have come to the conclusion that Henry James in his later style, which has become so involved, was merely trying to tell the truth. If you have ever tried to speak the truth—it is an adventure with most people—you will discover that you will make a general statement, then you will look it over and say, "No, that needs a little qualification." You qualify it, and then you will say, "It needn't be qualified to quite that extent." You undertake therefore to put in a clause qualifying the first qualification, and then you say, "I have a little overdone that," and you take something away. Now if you do that long enough you get precisely the style of Henry James. That is a thing which annoys the layman. When he gets an hypothesis he gets it very quickly with very little elimination and he clings to it, and with the varied phenomena, all he does is to take it into the hypothesis. But the scientifically-minded person goes on trying new hypotheses, and all you can get him to see, if you go on in that way, he will bring it down to a point where he may without further qualification approximate another proposition and get a larger and more significant view of the subject, which will enable him to make further inquiry which will in time bring further results.

What can you do with people like that? I am afraid that is the sort of man Dr. Chapin has been; I am afraid he has inquired patiently, that he has rejected things that do not fit into his own theo-

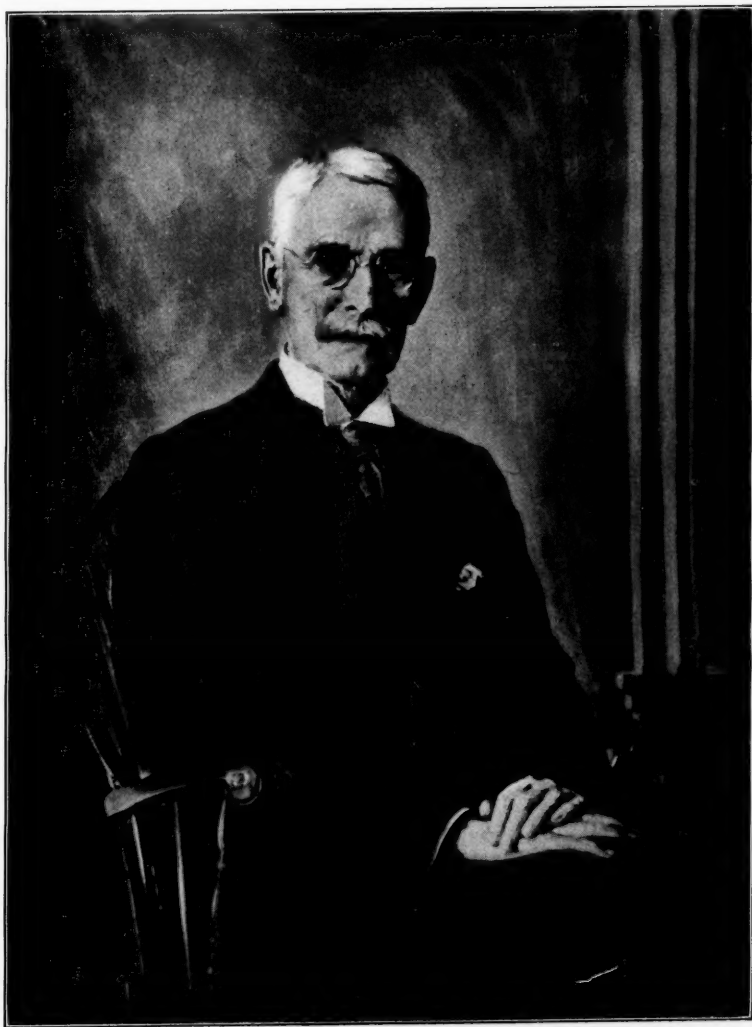
"IF YOU look through his papers and books you will find that devotion to scientific method has been the keynote of the success of the work which he has done; the work which has done so much to further permanent progress.

* * *

We make heroes of men who lead soldiers to death upon the battlefield; tonight we exalt and honor a hero who through his long life of valuable, keen, faithful work, has safeguarded the lives of many, many people in his own city, in his own land, and in lands beyond the sea."

DR. VINCENT

*In his address at the Charles V. Chapin
testimonial exercises.*



CHARLES V. CHAPIN, M.D., Sc.D.

ries, not simply because he wants to have his own theories prove true but because he wants the right theories to prevail, and he has been patient, he has made inquiries, he has tested his results, and he has done honest work, and he has shown that scientific spirit which, after all, is the fundamental essential of work in public health, and in any other department of human activity which depends upon accurate knowledge. If you look through his papers and books you will find that devotion to the scientific method has been the keynote of the success of the work which he has done; the work which has done so much to further permanent progress.

In the second place, you come to the delightful subject of statistics. I know what cynical things are said about them. You know them, therefore I will omit them. Dr. Chapin has said that accurate reports of vital statistics are the basis on which public health work must rest. That is unequivocal, and that is another clue to the success of his work. He was made Health Officer in 1884, and in 1886 they made him "Recorder" and he has been recording ever since. If you have Chambers of Commerce and other exuberant organizations here which want to make Providence appear very nice no matter what the facts are, you will have trouble with Dr. Chapin. In St. Paul the health reports would be delayed and delayed and delayed. The Health Officer was holding back his report in the hope that the Census Officer would put in his and commit himself to something, and then you would see an optimistic estimate of the population, and a somewhat sketchy record of the people's death-rate. Those death-rates, if you look back at the reports under pneumonic conditions, age, physical conditions, all that, would produce a pretty low death-rate aside from firearm accidents, but those could be verified separately. You would expect a low rate, but you would not expect that rapid physical immortality which was conveyed in the competitive reports of St. Paul. Dr. Chapin must have been a great disappointment to you. He has such a terrible passion for presenting things just as they are, until the vital statistics of the City of Providence have become a model for the United States, and have a recognized influence wherever vital statistics are known throughout the world.

Now let me give you a little illustration. Of course, in making careful preparation for this

address I looked up the vital statistics for 1925. This is the statement people like to have made: "Dr. Chapin took office in 1884, and two years after, say from 1886 to 1890, the general death-rate of Providence was 20.94. In the year 1925 the death-rate of Providence was 12.32, and Dr. Chapin has been here all that time." Now look at the infant death-rate, which is described by Sir Arthur Newsholme as being the most sensitive indication we have of the social welfare of a community. From 1886 to 1890 the average infant mortality of the City of Providence was 158. That is, of one thousand live-born babies, one hundred and fifty-eight died before they reached the age of one. In 1925, how many was it? Sixty-three. Splendid, but wait a minute! Dr. Chapin, wherever he had a chance to exercise his conscience he always did, and if he could interrupt he would say that it ought to be pointed out that in 1925 it was exceptionally low, and that the death-rate of 1926 is seventy-three, ten more, and the average for the five year period is not sixty-three but ninety-nine. That is the kind of thing that spoils the oratorical effect of statistical contrasts of that kind. But the function of the statistician, as Dr. Chapin conceives it to be, is not to present optimistic statements, but facts that resulted in order that proper procedures and measures may be adopted. Why haven't you a lower death-rate here? Your death-rate is above that of the whole United States. No, frankly, it is not above it, but if you study the situation you will find that you have certain groups in your population which always and invariably bring down the death-rate of any community in which they are to be found in considerable numbers. There are factors there which are very difficult to analyze, many problems which are very elusive and baffling. The causes are so complex and intertwined that it is an extremely difficult thing, and nobody who has scientific sense would dream of making sweeping statements about it.

There was a most interesting study to be made by Dr. Chapin in the year 1865. That was before his influence had begun so much to be felt in the community, but in 1865 there were certain groups of facts available here, but it took Dr. Chapin sometime afterwards to think of using those facts. There were records here of people who died in the year 1865, and there were records here of the people who paid their income tax. They had an

income tax in 1865. That was the first year they had it. They had records of people in Providence who had paid their income tax and of people who had not paid their income tax. So Dr. Chapin thought it would be interesting (having the individual names of the record there was no question about being able to do the thing with accuracy) to find out the death-rate of the taxpayers as compared with the death-rate of the non-taxpayers. And what do you think it was? The death-rate of the taxpayers was 10.8, and the death-rate of the non-taxpayers was 24.2. Did Dr. Chapin undertake to explain that? He did not. He is too scientific a man, and all he said about it was that there were interesting causal relations there, doubtless, and extremely complicated and baffling, but studies of that kind were useful and would be a stimulus to further inquiry as to the interdependence of economic conditions, of death-rates and sickness-rates that might be recorded. And now we are doing that sort of thing, trying to get correspondence. But I have said enough about statistics. You ought to be proud of the statistical results expected of you. You may have something more to do, but you ought to be proud of the fact that your statistics are absolutely trustworthy, resting upon a firm basis, presenting facts as they are. You will have done it because there has been a man since 1886 who has been with complete honesty giving you the facts year by year. You have done such successful health work because you have had good team work, and that is one thing Dr. Chapin has made one of his hobbies in health organizations. And he has laid great stress upon local responsibility. There is a great American democratic principle through public health organizations which have been properly put together and has the right sort of authority back of it, which has resources put at its disposal for carrying out a good, well-considered program of public health.

Then there is a trained personnel. This was easy in the old days. Some doctor who didn't quite hit it off in private practice felt he had a call to go into the work of a public health officer. There was something distinctly selective and providential about these calls. The number was considerable of those who went into public health. Some like Dr. Chapin went into service because they believed in it, because they were drawn to it as a great opportunity to do scientific work for the community.

There was a considerable number who went into it because of large political influence. Dr. Chapin has said some emphatic things about that. He is not a disagreeable person, but he has felt called upon to say emphatic things about political interference with public health work. I was much interested in one sentence of Dr. Chapin's in an article when he was talking about public health problems, and he said something about other problems as well. "There is the appointment or elimination of self-seeking politicians. I know of no solution for this problem." There you are. He knows of no solution for this problem, because the only one is a change in the intent and heart of the policy of a community. On the whole, a community usually gets the kind of politics that it deserves. That is a sound proposition, and if you judge some communities by that, it is a good indicator. There are different standards which can be applied as regards physicians. Dr. Chapin has insisted that public health work, if it is to be done effectively, must be done by people trained to do it and who have in thought no other consideration but the service they can render and their technical ability to do that particular job assigned to them, and if there is any one thing we are thoroughly in need of in public health work it is efficiency, and it is depending more and more upon the complete elimination of political considerations in the appointment of public health officers.

Then there is another thing, and that is called standardization. We have a perfect passion for standardization now. We standardize all our belongings. We standardize everything but portraits, and the time may come of stencils used by skillful artists who will be able to produce a portrait, not like this one, perhaps, but certain kinds of portraits. I have seen portraits that suggested such a possibility, that they were produced in that way. But we are standardizing everything. That is the one thing people who visit America for brief periods of cultural exercise note. They want to go to Ford's factory. They are looking for standardized products, and we go abroad and take them. We are standardizing products and it is being done very well. And interchangeable parts may be available soon so that we will have synthetic citizens fitted with phonographic reproduction of orthophonic remarks to be made on any occasion. Nothing like variation is to be tolerated. We pro-

duce an average type. Robert Louis Stevenson describes the average man as "one who never by any accident says an unexpected thing." There you have standardization. In any process like public health work a certain amount of standardization is acceptable. It is significant that Dr. Chapin has been opposed to what would be regarded as premature rigidity and standardization. In rapid progress there is always a state of flux. He says, "Let there be experiment and not be too quick to decide upon standards and do not impose them upon others until they are tried," and then some things quite obviously can be standardized. Dr. Chapin has steered a middle course between premature standardization and making an inflexible system of public health and a course in which no standards of any kind are imposed anywhere. There is a process which, by gradual experiment and demonstration, standardization gets itself set up after a while. It was a new idea in public health work. If you are doing anything you should praise results. It is very annoying to people of the pneumatic type who make public addresses and who are not keen about statistics, but who quote statistics to show to what this remarkable progress is ascribed by our public health society, and vote for more taxes. It is most unfortunate, but true, that a great deal of the progress which is recorded in the decline of the death-rate and infant mortality is not much due directly to public health activity at all, but is traceable to the gradual improvement of economic conditions, a higher level of housing, wages and education. These death-rates record a great many more things than the City Health Department and the societies and organizations for doing health work had any thing to do with. Dr. Chapin has said—here he is making an estimate roughly—"We have made over one-half the reduction that has been made mainly due to the conscientious and good health work carried on, fully justifying what has been done." This is such a proper statement nobody could oppose it. But the question came up in 1913, people began to say, "What are these various departments doing?" and "The State Departments, how do they compare with each other?" And the American Medical Association said, "We ought to have a study made of the State Health Departments, and who is the man to make it?" Unanimously, and without hesitation, they said, "There is but

one man to make it, and that is Dr. Charles V. Chapin," and so Charles V. Chapin was given the commission, and he traveled all over this country and he studied departments and talked with people, and he finally worked out a report which caused a great deal of excitement. There were State Departments which were not at all intrigued by it. They were able to point out minor errors, and there is nothing that gives people greater satisfaction than pointing out minor errors in a major indictment. And so there were states that showed up pretty well, and you had testimony to the fact that Dr. Chapin by all means was admitted to be the greatest authority in the United States on public health work. Other states did not stand extremely high, and from those that stood very low there was a loud cry. Especially from the more benighted the louder the cry. The cry came from Arkansas, "Are we to be interfered with by some New England Yankee coming here to tell us what to do and how to do it? No. While freedom lives upon the soil of Arkansas we will assert our rights in this respect." But after the discussions have all been made, and the errors pointed out, the fact remains that for the first time in a calm, dispassionate and expert way, an estimate has been made to appraise the value of public health work in the different states of the United States. It was a great stimulus to the movement throughout the United States. It suggested the same sort of thing in other countries. It stimulated rivalry in every department. And when a year or two ago it was decided, under the auspices of the American Child Health Society, to have studies made on the eighty-four models, Dr. Chapin was also the subject of interesting discussion, and the number of facts available, the system that was applied, and all that, has made it a little more difficult to wiggle out of it this time. His appraisal has been a useful thing.

Then Dr. Chapin has emphasized another thing, and that is the co-operation of the medical profession. Now I am going to alarm you for a moment by saying that I found a quotation from Dr. Chapin which is most inappropriate for an occasion of this kind, but I will introduce it because, in view of the scientific spirit in which he says it, I think it is my duty to do it. I have spoken to you about the self-seeking politician being a problem in public health work, and he also said very frankly that it was the physician which was the greatest

health problem of all, and he qualified it by saying—you will see why I mention it—"If every physician was equal to the level of the best, there would be no such problem at all." We have met here tonight under the auspices of the best, and there is no problem at all. But Dr. Chapin called attention to a vital thing in public health work. More and more we realize, especially when we come to the individual in the field of hygiene, that the success of public health work depends upon training and attitude and social spirit of the medical profession. Why are the causes of death attributed to diseases in a number of the countries of the world, in error? That accounts for the cynical remarks we hear about it, because they know that perhaps only one-half of the deaths of that particular country are deaths the results of which are observed by physicians at all, and because they know that the state of medical education in this country, that the diagnoses of the doctors as to the causes of death found by those doctors are subject to terrific error; and when one country submits statistics which include twenty-five per cent from causes unknown you will see how valuable they become with corresponding countries. The League of Nations has been trying to make them more accurate. They got up a diphtheria map of European countries, and the maps delineated disease by a black area, and then shaded off in lighter colors to white where there wasn't any diphtheria at all, and the British Empire pretty nearly seceded from the League of Nations because the only dead black spot in Europe was the British Isles. They told the truth, and the British said that if that was the way things were going to be done they wouldn't furnish any statistics, or if they did they would furnish the same kind of statistics that other countries furnished. That has been a great stimulus, a tremendous stimulus to the matter of more accurate statistics; more careful reports upon the causes of death will be successful in proportion as the medical profession is able to provide the knowledge that is necessary. The co-operation of the medical profession Dr. Chapin has always regarded as essential. I presume these exercises would not be held unless Dr. Chapin had convinced you in some way that he believes in the best of the medical profession, that he recognizes the fact that he himself belongs to the medical profession at the same time that he is an officer of health.

At this point, which is a very delicate point, I have not mentioned certain tendencies, because some of you are of the age which makes me fear your arteries would not stand the strain of one of the vexed questions of the medical profession, as to where public hygiene leaves off and private health begins. Dr. Chapin is a pragmatist. He is admittedly a pragmatist. He has laid down the principles and this is his principle: "Whatever the medical profession can do better than the State the medical profession should do. Whatever the State or a group of private citizens can do better than the doctors, the State and the private organizations should do, whether it is preventive or curative." There you have his principle. Suppose it is diphtheria-inoculation—and the medical profession are very apathetic about it, and you cannot count upon its being done under the present plan. But according to the Chapin theory, then the municipality steps in, organizes work of that kind and sees that it is done. Smallpox vaccination left to the family physician oftentimes leaves much to be desired. There are gaps and lacunæ in that system. But upon this I will dwell no longer, however fascinating it is before a medical society.

And then in addition to this we have that measure insisted upon by Dr. Chapin, instruction of the public. Please note, I say *instruction* of the public, not education of the public. There is great demand upon public health officers to have things enforced by law. It is so convenient. Almost all public health progress made to date has been imposed upon an unwilling population.

This brings about public health progress, but they have to be represented as having read about the works and discoveries of Curie, Pasteur and others. What a forceful factor that is. Our great captains of industry have got a new phrase when goods are not going quite as fast as the advertising people have promised they would. This is the phrase I understand is now used in great industries, that "Sales-resistance must be overcome." Could anything be more charming? And so with public health, "Sales-resistance must be overcome," and much of this overcoming consists in getting laws passed if you can get them passed. Dr. Chapin has wisely said, "Sanitary instruction is more important than sanitary legislation." So we understand this is something that the individual must take care of. And he believes in the long

run that inner compulsion which comes from the intelligence of the individual can be counted upon for more than legal coercion. It is a long, painful process and some communities may perish just because they cannot protect themselves. That is a moot point. Some things ought to be enforced by law and other things must be left to the intelligence of the community. Our greatest achievements, our most spectacular achievements, have been where people have nothing to say about it, as Gorgas' work in Cuba and Panama. There you have the treasury of the United States behind him. No nonsense about educating the public, and see what useful things were accomplished. But this very next point drawn from old Ames when the Constitution was being discussed contrasting monarchy with democracy. He says, "Monarchy is like a ship which sails swiftly and gets you quickly to port, and it sometimes hits a rock and goes to the bottom; but democracy is like a raft: it never sinks but your feet are in the water all the time." But Dr. Chapin believes that he would rather be on a raft that won't sink although it is wet on the feet, in the hope that the raft may be built up and transformed into a more manageable vessel and get somewhere more quickly.

But the instruction of the public is one of the most baffling and discouraging as it is one of the most absolutely essential things in the whole public health movement, and to this Dr. Chapin has committed himself in unequivocal terms. And then the international influence which Dr. Chapin has exercised. I have made allusion to it, and I have been reading one of the papers here from the library of the Public Health Department published under the auspices of the Public Health Society of England, paying tribute to Dr. Chapin for his statistical and scientific work, and it concludes by saying, "No other influence has been so great in keeping in touch the public health services of the two great English speaking continents," and I can certify from the standpoint of the Rockefeller Foundation, from which we send many fellow students to Providence who come here to observe methods, and study this hospital for contagious diseases. I am trying just now—I don't want to make the speech embarrassing—I am trying just now to get a young Chinese doctor in here as an interne. I do not expect it as a result of this speech. I don't want the policy of the hospital to

be influenced at all in the slightest degree, but I mention this to show that these are not empty words of praise, but we are interested in getting those in whom we are interested where they can get opportunities for study in the unique way in which this hospital in the City of Providence is being conducted.

And so I think I have said enough. I think Dr. Chapin thinks I have said enough about his contributions. I have tried to do it without undue adulation. I know how offensive that is to him. But as we look back over this career which I have so hastily and inadequately sketched, there are certain characteristics that stand out distinctly, his intellectuality, his open-mindedness and integrity, his ability to criticise his own work—how few people are able to do that—and to criticise fairly and generously the work of others, his capacity for initiative and solving problems by individual and adequate devices, and his perfect loyalty, which Royce has so well defined as "losing one's self in a great cause."

And so tonight we meet in his honor, but before I close I want to say, I do want to say a word about Mrs. Chapin, because Mrs. Chapin has been more than a companion, she has been a colleague. She has gone on these visits of survey and inquiry with Dr. Chapin. She has taken a keen and intelligent interest and has become a partner with him in the work he has done. She has identified herself with his career, and so tonight when we are congratulating ourselves upon his life we cannot think of him alone, but we think of them together, as working together loyally and gladly and with complete fidelity. It seems to me we must all be moved a little by the thought of Mrs. Chapin. And now as we have let our minds go quickly over the past our imaginations have grown a little more vivid, our feelings have been stirred, but words of extravagant eulogy are absent in the presence of his modesty. We express to him our appreciation and our gratitude, our admiration. We make heroes of men who lead soldiers to death upon the battlefield. Tonight we exalt and honor a hero who through his long life of valuable, keen, faithful work, has safeguarded the lives of many, many people in his own city, in his own land, and in lands beyond the sea.

DR. BLUMER: I wonder what ought to be the reaction of any speaker, acting as chairman, to the

rapid fire and wizardry of oratory which we have just listened to and been thrilled by. Personally, I do not think in all my life I have ever known a case of such rapid ideation where words were able to keep pace with ideas without tumbling over each other and producing incoherence. I am quite familiar by many years experience with what is called "manic utterance." Manic utterance is usually incoherent. But after this perfectly amazing exhibition, of course I, who am at the opposite extreme, mentally retarded and still more retarded in speech, do not propose to establish any longer than I can help the "ridiculousness" (using Dr. Vincent's word) the ridiculousness of the contrast between his method and mine. I can only say that we are very grateful to him for what he has done in coming here and for what he has said this evening, and also for showing beyond all doubt and peradventure that he does after all illustrate that ideal of Milton with which, as a counsel of perfection, I closed my remarks in introducing the speaker to you.

Now, the next order of business, I suppose, is to call upon Dr. Chapin for some reply. I am extremely sorry for Dr. Chapin. A few years ago when I retired from the superintendency of Butler Hospital I was buried, and have been buried on two or three occasions since then and have enjoyed, in a way, the resurrection, and, to my knowledge, Dr. Chapin had some such sepulture a few years ago when it was my privilege to participate in the proceedings; and knowing by personal experience what Dr. Chapin's emotions are at this time, and knowing how absolutely impossible it would be for any man to make an adequate reply, certainly not a reply that would please himself, to what Dr. Vincent has said in his encomium, I only ask him to rise and say something and so let his voice be heard in this presence this evening.

DR. CHAPIN: Mr. President, Fellows of the Rhode Island Medical Society, I thank you, I thank you for this evening. I thank you particularly for my partner in our work, that she was able to be here. I want to say a word about this portrait. I see many here who were students of Professor Appleton, and you will remember that he talked about many things besides the test for antimony and manganese. Fifty or sixty years ago he talked to me about portraits. He said, in the first

place a portrait should be a work of art. The Committee arranged that this should be one. In the second place, he said it should be attractive. They arranged for that, too, at least they got a skillful artist. And he said of course if he could make it so that the subject's friends could see a little bit of likeness, why, well and good. I thank you.

DR. BLUMER: One more item in this program that has not yet received attention. I think Dr. Skelton wishes to establish some relations of courtesy with Mrs. Chapin.

DR. SKELTON: The Committee of the R. I. Medical Society, have decreed, that not all the honors should go to your illustrious husband this evening. They have asked me to present to you these flowers and picture. May the fragrance of these flowers last you a lifetime. You will recall that "Hamlet told Horatio he could see his father with his mind's eye" yet the portrait of a dear one, brings the face more palpably before the mind's eye than any exercise of the mental vision. May this photo serve you well, when your illustrious husband is away from home with Prof. Gorham, on a "Bug" hunting expedition.

DR. BLUMER: Before adjourning I have two statements to make. The first one, and probably an important one to some of you, is that refreshments will be served downstairs in the dining-room, basement. The other is this, that I should like all of you to rise, men and women, to fill your lungs to the utmost of their expiratory capacity, and to exclaim with thundering voice, "Chapin."

AUDIENCE: Chapin! CHAPIN! CHAPIN!

DR. BLUMER: Still louder.

AUDIENCE: CHAPIN!

ANNOUNCEMENT

At a recent meeting of the Woonsocket District Medical Society it was voted that the members should, specifically, stop the insertion of business cards in the newspapers; and generally, refrain from any use of their names in print which might be construed as advertising. This to take effect immediately.

DR. W. A. KING, Sec.

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EDITORIALS

DR. CHARLES V. CHAPIN

Once again it is our privilege to pay homage to one of our distinguished members of the Rhode Island Medical Society, in the language of Caesar, "Whose fame has gone abroad"; but upon this occasion, to a native son, Dr. Charles V. Chapin.

His established standing as an officer of health requires neither assurances nor encomiums from our pen as a man whose activities and definiteness of purpose have long since placed him in the foremost ranks in his chosen field of work.

The contribution he has made to public health building is not due to accidental findings and may not be likened to the prospector who stumbles upon a gold mine, but is rather the result of constant, persistent painstaking effort.

Possessed of a deliberate, analytical, magnificently scientific mind, untrammled by fanciful ideas, he has sought the way to truth and demonstrated that facts are not guessed but discovered.

Mystery exists for those who do not see, or seeing do not understand and in the disillusionment of the mystery and method of contagion he has played no inconsiderable part; an additional

fallacy was exploded when some years ago he became convinced that the fetish of fumigation was a fantasy, that the life of pathogenic bodies was not destroyed by a certain quality of atmosphere and this mirage also faded into nothingness.

Working step by step from physician to teacher, from teacher to executive and administrator, his deductions have stood the test and an appreciative nation has placed the "Hall-mark" of credence upon his words and his work.

Of his varied accomplishments, upon pages of this publication, other tongues with greater finish have told, but of the human side of his life's work, who shall authoritatively speak, or tell the cost. Some anonymous writer has said:

"There was scarcely if ever a line of glory written upon the earth's surface, but that a line of suffering ran parallel with it and he who reads the lustrous syllables of one and pauses not to consider the worn and spotted inscriptions of the other gets the lesser half of the lesson earth has to give," which is somewhat of a majestic, not to say melancholy, way of saying that every success has its trials and every achievement its price.

But whatever the trials and whatever their tolls, their impress has had slight effect upon the bearing or disturbed the quiet calm of this unassuming man; unperturbed, he "carries on."

Upon the foundation of fundamental science he has so firmly clung that when the years have rolled on and the lore of Health and Medicine of our day has been written upon pages illumined by deeds of those who have adorned medical literature, in the roster of the world's greatest guardians of health will be found the name of Charles V. Chapin and Rhode Island will have no cause to blush for its history.

MUNICIPAL BATHING

It is the duty of the medical profession to interest itself in any project for public improvement which affects the physical ill or well-being. It is to be supposed that our civilization has advanced beyond the stage of necessity and the perhaps cruder forms of culture to those of convenience and esthetic pride, past the idea that almost anything is good enough for the poor to

the point where the best is none too good for it. We are no longer content with half way measures in public sanitation and deplore the systems of notable cities of the Old World which have wonderful traditions of sculpture painting and literature but with a history that is not pleasant to read, bankrupt governments and an atmosphere which "swells to heaven." Methods of sewage and offal disposal cannot be taken as measures of culture or refinement for in their progress they lag far behind that of other advancements. Filth, however, does not necessarily bring disease and death. Dirty or malodorous drinking water may be free from pathogenic bacteria and consequently cannot cause their specific diseases. The water in a swimming pool may be sufficiently chlorinated to irritate the eyes and taste unpleasantly, but the bather should not object for it is chemically and bacteriologically clean. But there are many who do not particularly care for the taste of chlorine or enjoy that of none too dilute sewage and who prefer the aroma of pine trees or of the ocean to the unmistakable redolence of the cesspool. Some even go so far in their deplorable meticulousness as to prefer for bathing purposes water that is clean and acceptable to the eye as well as to tactile and olfactory perceptions. Such persons would probably prefer clean windows, tasteful and orderly furniture, good books, a clean and convenient kitchen and other features of our present day wholesome life in their homes.

Have we not then passed the stage which would warrant the expenditure of a very considerable sum for a public bathing beach by water which perhaps does not produce disease and death, but which is by any standard of decency absolutely unfit for such a purpose? Is not our plane of civilization rather higher than that which recommends bathing in water which is nothing more or less than diluted and for a large part untreated sewage? Certainly at the present time there is not, nor probably will there be for many years to come, sea water inland from Conimicut and Nayatt lights that is to be recommended for public bathing.

In these days of large enterprises, however, it is quite reasonable to consider the reasonableness of a large seashore tank supplied by filtered sea water within the city limits. The engineering difficulties would not be great, nor should the expense be prohibitive. The bath pavilions should

produce a very considerable income which would go a long way towards paying the maintenance and interest charges. A portion of the pool might be enclosed whereby the swimming season would be very considerably prolonged with consequent increase in revenue and usefulness. The beach should of course be kept in order and in fair weather would be used by many who do not care to bathe.

Such an institution properly constructed and managed would be a preventorium indeed. It would be easy of access, of enormous usefulness and popularity and should be of great interest to all of our profession who have the public welfare at heart.

THE HIGHER EDUCATION OF NURSES

The nursing profession has come to, and passed, the parting of the ways. The die has already been cast and those in charge of the training of graduate nurses now stand committed to a program of "higher" education or perhaps it were better to say *broader* education. This means a training in the fundamental sciences and underlying medicine and nursing. It means a more accurate conception of the nature of disease and much more intelligent co-operation with the doctor in the care of the sick. But the time for the training of a nurse is of necessity limited and the millions of sick poor in the wards of our great hospitals must be cared for. Therefore more time spent in the study of bacteriology and pathology means less time for filling ice caps and attending to the personal necessities of the patient. The line must be drawn somewhere and a decision must be reached as to just what constitutes nursing.

The question arises as to whether it is advisable to train a group of super-nurses who shall be in reality accessory physicians, or to limit the routine education of our pupil nurses to those subjects which are strictly concerned with the technique of nursing. If the latter course were chosen the teaching of fundamental sciences, such as bacteriology and pathology would be practically eliminated and those who wished to obtain a broader conception of disease as an aid in their work would be forced to take up graduate study or to study medicine. With such a limited out-

look as to intellectual and scientific training there is, of course, a very limited appeal to the more ambitious and better educated young women who might consider nursing as a career, and an inevitable lowering of requirements for admission to the training schools: in other words a lowering of the whole intellectual level of graduate nursing. On the other hand if the "higher education" policy be pursued beyond a certain limit and our nurses spend more than a reasonable amount of time in the classroom and the laboratory there is another danger that threatens. We still have our ice bags and our bed pans, and the danger is that our new group of nurses will not know how to handle them. In other words, we have the danger that by spending over much time in the study of disease in theory, the nurse will be prevented from learning the care of the sick in practice and from gaining a mastery of the art of nursing much of which can only be acquired by constant practice and under adequate supervision. Technique, to approach perfection, requires, in any line constant and careful repetition that indeed amounts at times to drudgery, but that ends in a mastery of the procedures involved which is at once easy, efficient, and automatic.

The "higher education" of nurses is becoming a fact and the policy of producing fundamentally better trained graduates must meet with the hearty approval of the medical profession. To substitute for the cleaning of floors, the carrying of trays and other duties which can be as well performed by ward maids, extra classroom and laboratory training is certainly to be encouraged. Other things being equal the college graduate makes the best possible type of nurse. But even as the surgeon cannot spend his time in the study of, for example, the microscopic pathology of bone or the physiology of the thyroid and neglect to acquire automatic skill in the placing of ligatures and handling of the knife, so the nurse must not be allowed in her zeal to acquire a scientific background for her work, to neglect the work itself. On those who have in charge the planning of the course of training of our pupil nurses rests a grave responsibility. They must see to it that no additions in the way of increased lecture and laboratory courses are made which will in any way interfere with the practical training in nursing technique acquired in ward and operating room.